*** PRESBYTERIAN UNIVERSITY OF EAST AFRICA***

MEDICAL EXAMINATION FORM

**NAME** …………………………………………**AMISSION. NO.………………..**

**AGE** …………………………………… **SEX** ………………………………........

**WEIGHT** ……………………………… **HEIGHT** ………………………………

**Skin: -** Note: Presence of any

Contagious skin disease e.g. Ring worms …………………………………………

Allergies ……………………………………………………………………………

**Mouth & Teeth: -**

Cavities……………………………………………………………………………

Occlusion (Normal and maloceluded) ……………………………………………

**Eyes: -** Mandatory

Visual acuity L/E ………………………………… R/E …………………………...

Visual Field ……………………………… Colour Blindness …………………………

**ENT: -**

Hearing Left Ear ………………………………… Right Ear ……………………….

Impairment ………………………………………………………………….

Smelling Defects …………………………………………………………….

**Cardiovascular System: -**

Blood Pressure ……………………………………………………………………………….

Pulse Rate ……………………………………………………………………………….

Heart Sound ……………………………………………………………………………

**Respiratory System: -**

Asthma …………………………………………………………………………………….

Allergies …………………………………………………………………………...………

BCG Scar …………………………………………………………………………………..

**Recommendations**

I certify that I have examined ……………………………………………… and on my option He/She is fit to join the Presbyterian University of East Africa.

Name of Physicians: …………………………………….. Signature: ………………………….

Date: ……………………………………. Official Stamp: ……………………………….….…